



# WELCOME TO OUR CATHOLIC SCHOOLS

## MEDICINE HAT CATHOLIC BOARD OF EDUCATION

1251 -1st Avenue SW Medicine Hat, Alberta T1A 8B4

[www.mhcbce.ab.ca](http://www.mhcbce.ab.ca)

"Showing the Face of Christ to All"

### Early Learning Program

### STUDENT REGISTRATION 2017-2018

FOR OFFICE USE ONLY

SCHOOL ID # \_\_\_\_\_

Birth Cert on File  Yes  No

Section 1	<b>SCHOOLS</b>	<input checked="" type="checkbox"/>	CHECK PROGRAM & TIME REGISTERING FOR:	CIRCLE (DAYS ATTENDING)
	<input type="checkbox"/> École St. Thomas d'Aquin (FRENCH IMMERSION)	<input type="checkbox"/> Early Learning Program	PM <input type="checkbox"/> 12:35-3:05	M T W TH F
	<input type="checkbox"/> Mother Teresa School	<input type="checkbox"/> Early Learning Program	AM <input type="checkbox"/> 8:50-11:45 PM <input type="checkbox"/> 12:35-3:20	M T W TH F M T W TH F
	<input type="checkbox"/> St. Francis Xavier School	<input type="checkbox"/> Early Learning Program	PM <input type="checkbox"/> 12:35-3:20	M T W TH F
	<input type="checkbox"/> St. Michael's School	<input type="checkbox"/> Early Learning Program	AM <input type="checkbox"/> 8:45-11:30 PM <input type="checkbox"/> 12:15-3:00	M T W TH F M T W TH F
	<input type="checkbox"/> St. Patrick's School	<input type="checkbox"/> Early Learning Program	AM <input type="checkbox"/> 8:55-Noon PM <input type="checkbox"/> 12:35-3:20	M T W TH F M T W TH F
	<input type="checkbox"/> St. Louis School	<input type="checkbox"/> Early Learning Program	AM <input type="checkbox"/> 8:45-11:25 PM <input type="checkbox"/> 12:30-3:10	M T W TH F M T W TH F
<input checked="" type="checkbox"/> <b>Please indicate the SCHOOL and PROGRAM of your choice</b> by checking the appropriate box. Immunization Record and Birth Certificate must be shown at time of registration. <b>Age eligibility is 3 years of age.</b>				
<b>ALL DIVISION PROGRAMS are offered contingent on PROGRAM AVAILABILITY.</b>				
Section 2	<b>Student Information:</b>			
	STUDENT'S LEGAL NAME & BIRTH DATE:			
	(as it appears on the Birth Certificate or other legal documentation)			
	Student's Legal Last Name: _____		Birthdate (mm/dd/yy): _____	
	Student's Legal First Name: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Student's Legal Middle Name: _____			
	STUDENT'S AKA NAME— <i>If different from legal name</i> (name by which the student is commonly known in the family & community)			
Also Known As Surname: _____				
Also Known As First Name: _____				
Mailing Address: _____		City: _____	Postal Code: _____	
Physical Address: (if different from Mailing Address): _____				
Home Phone: _____				
If you reside outside of the city limits, please provide: Legal Land Description ¼ _____ Sec _____ T _____ R _____ W _____				
Name of School Attended Last Year: _____				
Section 3	<b>Parent/Guardian Information:</b> (Please Print)			
	<b>1 Mother /Guardian</b>		<b>2 Father / Guardian</b>	
	Lives With? <input type="checkbox"/> Mail To? <input type="checkbox"/> Yes		Lives With? <input type="checkbox"/> Mail To? <input type="checkbox"/> Yes	
	Name: _____		Name: _____	
	Address: <input type="checkbox"/> Same		Address: <input type="checkbox"/> Same	
	Home Phone: _____		Home Phone: _____	
	Cell Phone: _____		Cell Phone: _____	
Work Phone: _____		Work Phone: _____		
Parent/Guardian Email: _____				
(Multiple Email addresses can be listed.)				

<b>Section 4</b>	<b>Emergency &amp; Pick-up Contacts:</b> (Please Print) An "emergency contact person" is someone other than the student's parent(s) or guardian(s).		
	<b>3</b> Name: _____ Phone Number(s): (H) _____ (C) _____ (W) _____ Relationship to student: _____	<b>4</b> Name: _____ Phone Number(s): (H) _____ (C) _____ (W) _____ Relationship to student: _____	<b>5</b> Name: _____ Phone Number(s): (H) _____ (C) _____ (W) _____ Relationship to student: _____
	<b>Medical / Physical Information (Optional)</b> You do not have to provide information about medical or physical concerns, but the information could be crucial to the well-being of the student. Are there any medical or physical concerns you would like the school to be aware of that affect the student? For example: <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Other Medical Notes: _____ _____		
<b>Section 5</b>			
<b>Section 6</b>	<b>Custody</b> The <b>Family Law Act</b> replaces the <b>Domestic Relations Act, the Maintenance Order Act, the Parentage and Maintenance Act,</b> and parts of the <b>Provincial Court Act and Child, Youth and Family Enhancement Act.</b> <b>Parenting Orders</b> replace <b>Custody and Access Orders.</b> Please indicate if any such Parenting Order or Contact Order exists. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>If yes, please make arrangements to discuss this with the School Principal immediately.</b> Legal documentation will be required.		
<b>Section 7</b>	<b>Siblings Brothers/Sisters:</b>  Name/Age _____ School Attending _____ Name/Age _____ School Attending _____ Name/Age _____ School Attending _____ Name/Age _____ School Attending _____		
<b>Section 8</b>	<b>Citizenship of Student:</b> <input type="checkbox"/> 1=Canadian Citizen <input type="checkbox"/> 6=Child of Canadian Citizen <input type="checkbox"/> 7=Child of Legal Immigrant <input type="checkbox"/> 2=Permanent Resident/Landed Immigrant <input type="checkbox"/> 5=Temporary Student Visa - Date of Expiry: _____ <input type="checkbox"/> 9=Other <b>NOTE:</b> The student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document <b>must be</b> presented along with this form in order to register. A photocopy will be placed in the Student Record.		
<b>Section 9</b>	<b>Part A – Religious Data (Catholic)</b> <b>MOTHER</b> <input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC <b>FATHER</b> <input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC <b>STUDENT</b> <input type="checkbox"/> CATHOLIC ( <input type="checkbox"/> IF NON-CATHOLIC → GO TO *PART B)  Current Parish? <input type="checkbox"/> Holy Family <input type="checkbox"/> St. Patrick's	<b>Student Baptized Catholic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Student 1<sup>st</sup> Communion:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Student 1<sup>st</sup> Reconciliation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Student Confirmation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Part B – Religious Data (Non-Catholic)</b> <b>STUDENT DENOMINATION</b> (Optional) _____ <b>Student Baptized:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section 10</b>	<b>English as a Second Language (ESL)</b> <b>(Canadian-born or Foreign-born students)</b> ESL students are identified as Canadian-born or foreign born students. A Canadian student is eligible for ESL support when the primary language <b>spoken at home</b> is a language <b>other than English.</b> Is your child within this category <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  A foreign-born student is eligible for ESL support when the student has recently immigrated to Canada. Is your child within this category <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>Section 11</b>	<b>(FNMI) First Nations, Métis, Inuit</b> <input type="checkbox"/> <b>331=Status Indian/First Nations</b> <input type="checkbox"/> <b>332=Non-Status Indian/First Nations</b> <input type="checkbox"/> <b>333=Métis</b> <input type="checkbox"/> <b>334=Inuit</b>  Alberta Education is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary for meeting its mandate and responsibilities to measure system effectiveness and develop policies, programs and services to improve Aboriginal learner success in addition to other legislation applicable to the educational institution. For further information, or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Education, 10155- 1102 Street, Edmonton, AB T5J 4L5, (780) 427-8501.		

Section 12

### Section 23 Francophone Education Eligibility Declaration

The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the *School Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen **and** one of the following three conditions exists:

- Either parent's first language learned and still understood is French, **or**
- Either parent has received their primary school instruction in Canada, in French, **or**
- One or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada

Does your child have Francophone eligibility?  **Yes**  **No** If **Yes**, and you wish to exercise your right, please contact the Conseil Scolaire Du Sud de l'Alberta at 403-686-6998. The Alberta Student Records Regulations require that, if requested, MHCBE will provide name, address, birth date, and parent's name of Section 23 eligible students to the Francophone School Division.

### Copyright Release

As part of a student's educational program, students may be recorded, have their work displayed; have their work reproduced for non-profit, educational purposes by the School Division. Their production(s)/work(s) may be shown at educational displays during an Open House, In-Service Sessions and other School-Related Activities at School or School Board locations, or at School or School Board sponsored displays in the community, or used in a School Publication.

CONSENT GRANTED (initial)	CONSENT DENIED (initial)

Please indicate your consent by initialling in the box →

Section 13

### Media Consent

Medicine Hat Catholic School's encourage an open and beneficial relationship with the print (i.e. newspapers, etc.) and broadcast media (i.e. television, radio, etc.) as a means of promoting and reporting on school activities. To encourage good media relations we require parental consent to have the media photograph and/or videotape your son/daughter as they participate in school activities. *Typically these activities would include but are not limited to:*

- Students working in a classroom or other educational setting (on and off campus)
- Students participating in extra and co-curricular activities
- Students playing or socializing during recess or noon hour

CONSENT GRANTED (initial)	CONSENT DENIED (initial)

Please indicate your consent by initialling in the box →

### Digital Media Consent – Print, Photo, Audio, Video, Web & Social Media (Facebook, Twitter, Instagram, YouTube)

As part of normal school community life, activity and healthy participation is important and encouraged. Children love the opportunity to be featured in photos and videos about their school. Our goal is to create a positive experience for children. Your signature provides consent for print, photo and video for student, classroom and school activity and school-sponsored events. Our School Division adheres to our Social Media Guidelines to protect the identity and integrity of students and staff featured in photos and video productions. Video productions are hosted on Medicine Hat Catholic Board of Education YouTube channel. *This consent applies to:*

- Print including Student Work and Projects
- Photo, Audio, Video Productions including Individual, Group and Classroom
- Awards, Scholarships, Recognition received by a Student or Class

CONSENT GRANTED (initial)	CONSENT DENIED (initial)

Please indicate your consent by initialling in the box →

Section 14

### Parent/Guardian Declaration

I / We the undersigned hereby certify the foregoing information given is true, correct and complete and that I / We understand that signing below indicates that I / We have read and understand the information contained in this Student Registration Form.

I / We have read and are aware of the Freedom of Information and Protection of Privacy Act (FOIP) information and The Alberta Human Rights Act on page 4 of this registration form. I / We may request a copy of this four page registration form for my / our records.

\_\_\_\_\_

Date

\_\_\_\_\_

(Parent / Guardian SIGNATURE)

\_\_\_\_\_

(Parent / Guardian SIGNATURE)

\_\_\_\_\_

(PLEASE PRINT) (Parent / Guardian)

\_\_\_\_\_

(PLEASE PRINT) (Parent / Guardian)

(This registration document must be dated and signed by the parent, guardian or independent student)

Please submit the completed registration form to the school immediately.

Parents may retain/request a copy of this form for their records.

## Payment Information

### Monthly Cost for Half Day Program

- \$365.00 per month based on **five half days/am or pm/week**
- \$292.00 per month based on **four half days/am or pm/week**
- \$219.00 per month based on **three half days/am or pm/week**
- \$146.00 per month based on **two half days/am or pm/week**
- \$73.00 per month based on **one half day/am or pm/week**

Payments can be made in full or by postdated cheques as arranged with the school. One month written notice is required to exit the program.

## Freedom of Information and Protection of Privacy Act (FOIP ACT) - NOTIFICATION OF USE

The Freedom of Information and Protection of Privacy (FOIP) ACT aims to strike a balance between the public's right to know and the individual's right to privacy, as those rights relate to information held by public bodies in Alberta. In a school setting, the privacy of students and parents is protected by the rules that schools must follow in the collection, use, protection and disclosure of personal information. We collect and use personal information for authorized programs and activities that are a normal part of school life. These uses are a vital part of a healthy and functioning school environment. The FOIP ACT does not dramatically change normal school activities; it does not prevent parents from participating in their children's education. It does allow parents and students broader rights to access to information and it does obligate schools to protect privacy. The ACT should be applied in a common sense manner and should not negatively affect school life. The following are an example of many activities that are part of a normal school community life that encourages a healthy participatory environment, which is important and encouraged:

- The use of a students' name, photograph or comments about the student in a school newsletter, calendar, yearbook/ graduation notices or other school publications.
- The taking of individual, class or school group photos for school purposes and the use of student photos for student identification cards.
- The use of students' names on art work or other works or materials displayed in school or school boards locations, or other community events sponsored and supported by the school board. Recognition on honour rolls, graduation ceremonies, awards and scholarship application and recognition; birthday recognition (typically practiced in elementary schools announced over the PA).
- The use of students' name, related contact information and telephone numbers for absenteeism verification and provision of transportation services.
- Photos and/or videos of school activities that are open to the public may be taken and used for purposes outside of the school ie: newspaper articles.
- Where individual students are identified or interviewed and the material is to be used outside the school, separate and specific consents will be required.
- The use and/or disclosure of student's personal information will be used to establish a student record, for program placement, for funding purposes and shared with Alberta Health Services to facilitate services relative to student health including responding to medical emergencies.
- **Your child's religious data will be shared with your attending Parish.**
- If you have any questions about the use or disclosure of the information collected please contact your School Principal or the Superintendent of Schools, 1251-1<sup>st</sup> Avenue SW., Medicine Hat, Alberta T1A 8B4 (403) 502-8347 phone.

**Collection and Use of Personal Information Disclaimer:** The personal information collected on this form is part of the Division's registration process and is authorized under the provisions of the **School Act and its regulations and also under Section 33(c) of the FOIP Act**. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have any questions or concerns regarding the collection or intended uses of this information please contact the School Principal.

## Notification to Parent/Guardian

### Religious Permeation (Alberta Human Rights Act) (Bill 44)

The Alberta Human Rights Act requires a School Board to give notice to a parent or guardian when courses of study, educational programs, institutional materials, instruction, or exercises include subject matter that deals primarily and explicitly with religion.

All of the schools in this Division are Catholic Separate Schools; the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every subject taught, both in and outside of formal religion classes, celebrations and exercises.

Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

## Declare your support for Catholic Schools - Declare your Taxes

To ensure your property taxes are supporting your Catholic Separate School Division, you must declare your school support as "**Separate**" on your Annual Property Assessment Notice and Tax Bill. If a declaration of school support is not filed by a property owner, the property assessment and tax bills show the school support as defaulting to the public school system. **DECLARE YOUR SUPPORT FOR CATHOLIC SCHOOLS** by completing a School Support Declaration Form available from your *local city, town or municipality office*. For more information contact your School Division Office at (403) 502-8347.

**THANK YOU FOR YOUR REGISTRATION**  
**WELCOME TO MEDICINE HAT CATHOLIC SCHOOLS**  
 "SHOWING THE FACE OF CHRIST TO ALL"